

# Food Establishment Inspection Report – City/Town of

Uxbridge

Establishment: Mom's	Date: 12/27/21	Page 1 of 3
Address: 307 N Main St	Time in: 12:25	Time out: 1:15
Telephone: 508-278-4666	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 3
Owner: Cheryl		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): 0
Person-in-charge: Cheryl		
Inspector: Danielle Edmands		

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

IN = In compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
<b>Employee Health</b>							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
<b>Good Hygienic Practices</b>							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food		X				
10	Adequate handwashing sinks properly supplied and accessible		X				
<b>Approved Source</b>							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Protection from Contamination</b>							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
<b>Time/Temperature Control for Safety</b>							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition		X				
24	Time as a Public Health Control						
<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>							
29	Compliance with variance / specialized process / HACCP Plan						

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: Discussion with Person-in-Charge:

Signature of Person-in-Charge: <i>Cheryl</i>	Date: 12/27/21
Signature of Inspector: <i>Danielle Edmands</i>	Date: 12/27/21

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## GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Safe Food and Water</b>							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
<b>Food Temperature Control</b>							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used		X				
36	Thermometers provided & accurate						
<b>Food Identification</b>							
37	Food properly labeled; original container						
<b>Prevention of Food Contamination</b>							
38	Insects, rodents, & animals not present		X				
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
<b>Proper Use of Utensils</b>							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
<b>Utensils, Equipment and Vending</b>							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
<b>Physical Facilities</b>							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
<b>Additional Requirements listed in 105 CMR 590.011</b>							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
<b>Review of Retail Operations listed in 105 CMR 590.010</b>							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
<b>Local Requirements</b>							
L1	Local law or regulation						
L2	Other						

<b>Type of Operation(s):</b> <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other	<b>Type of Inspection:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other	<b>Other Information:</b>
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Signature of Person in Charge:

Date:

Signature of Inspector:

Date:

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Establishment: Mammy's

Date: 12/27/21

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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
chicken, fridge	38.5				
burger cooking	181				

### Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

**Signature of Person-in-Charge:**

Date:

**Signature of Inspector:**

Date: